A Concept Analysis of Learned Helplessness

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**Abstract**

The literature contained in this paper will explore the phenomenon of learned helplessness through a concept analysis. Walker and Avant’s method for concept analysis was used to identify learned helplessness’ antecedents, defining attributes, consequences, and empirical referents. Learned helplessness is when people experience uncontrollable events and they form the expectation that future events will be uncontrollable. Learned helplessness is found in a variety of disciplines. The disciplines of education and nursing were discussed in this paper. Antecedents were identified as: exposure to uncomfortable stimuli, the inability to control a situation, a series of failures with a situation and a negative outcome expectancy of a situation. Defining attributes were identified as: loss of control, powerlessness, giving up, apathy and hopelessness. Consequences were identified as: depression, poor adjustment to disease, diminished motivation to initiate problem solving actions, low self-esteem, and neglect of health maintenance activities. Empirical referents were provided to show existence of the concept. To provide the reader with a better understanding of learned helplessness an example of case illustrations is presented. Implications in the practice of nursing regarding the care of patients facing chronic illness or debilitating injury are discussed. It is important for nurse practitioners to recognize learned helplessness early because it can have detrimental health effects on their patients. Care is aimed at educating the patients regarding self-management skills related to their disease process and also controlling the aspects of the disease that can be controlled. Increasing the patient’s knowledge can help decrease the feelings of helplessness.

A Concept Analysis of Learned Helplessness

When experience with uncontrollable events leads to the expectation that future events will also be uncontrollable, disruption in motivation, emotion, and learning may occur (Peterson, Maier, & Seligman, 1993). This is a psychophysiological phenomenon known as learned helplessness. The concept was originally applied in the training of dogs; however the concept was later applied to humans. It is an important concept to understand in persons who are battling chronic illness, as these people are often faced with repeated negative, uncontrollable disease related events (McLaughlin, Lafaivre, & Cummings, 2009). Learned helplessness can be seen as a coping mechanism some people employ in order to survive difficult circumstances. In people of all ages, learned helplessness can lead to symptoms of depression. Health behavior includes actions performed by individuals to maintain optimal health status. A person with a helpless attitude towards their health status might be less likely to participate in health promotion activities because they believe there is nothing that they can do to affect their health status. They will be less likely to participate in early detection and screening and risk reduction behaviors (Underwood, 1992). Persons with learned helplessness facing chronic illness may feel as if nothing they do will change the circumstances that they are in.

**Concept Identification**

Personal experience with learned helplessness was the main influence in choosing between the topics of uncertainty and learned helplessness. Learned helplessness has been witnessed by the author when caring for patients with disease processes such as diabetes, chronic obstructive pulmonary disease (COPD) and Guillain-Barre Syndrome (GB). The patients had a sense of

“giving up”. Learned helplessness can influence the health outcomes of the patient and thus a further analysis of this phenomenon was chosen.

**Definition**

The definition of learned helplessness, as cited in *Dictionary.com’s 21st Century Lexicon,* is “a mental condition in which one becomes unable to help oneself due to previous failed attempts at controlling one’s life; also, a condition in which a person establishes and maintains contact with another by adopting a helpless, powerless stance.” The definition also provides an example, “Learned helplessness is conditioned behavior in which an individual gives up trying to escape a painful situation after repeatedly failing to escape.”

**Discipline Uses of the Concept**

Learned helplessness is found in humans and animals. It can occur anytime spanning from childhood to death. Learned helplessness has been studied and researched in multiple disciplines. The bulk of research has been studied in the discipline of psychology with the effect of depression in regards to learned helplessness. The discipline of social services has focused on learned helplessness in regards to battered women or long-term poverty. The discipline of education has focused on learned helplessness and academic failure. The discipline of nursing has researched learned helplessness in regards to chronic illness, elderly patients in extended-care facilities and nurses knowledge of how to effectively care for their patients. For the author’s interest, the discipline of education and nursing will be explored.

**Education.**

Academic achievement is highly valued among parents, peers and society, and the negative value of academic failure is not easily minimized. Repeated academic failures may result in self-protective strategies like helplessness (Valas, 2001). Learned helplessness can be used to explain the school behavior of students who seem to have given up trying academically after a history of failures (Au, Watkins, & Hattie, 2010). Students experience high expectations and academic pressure from parents and teachers. Parents place pressure on their children to perform well in school academically and also outside of school with extra-curricular activities such as sports. Parents want to see their children excel and sometimes live their unfulfilled dreams through their children. An example of learned helplessness in education is a student who studies for an exam and makes a poor grade. They then study harder for the next exam and still receive a poor grade. This decreases the student’s motivation to learn and the student feels that nothing they do to prepare for the exam will make a difference so why even bother wasting time by studying.

In the area of mathematics, teachers often encounter students with negative attitudes who are discouraged or disengaged. Students behave as if they are powerless to influence the outcomes of their learning. When new material is taught, students often complain that it is too difficult even before an attempt is made to do the problems (Yates, 2009). They display a variety of off-task behaviors and simply give up.

**Nursing.**

Learned helplessness is seen in patients with chronic illness when they are faced with uncontrollable disease related events. Adolescents with type 1 diabetes may have trouble controlling their blood sugars even when they are eating appropriately and taking medications as prescribed due to factors such as stress, illness, hormonal changes, and variations in insulin absorption (Heise et, al. 2003; Wysocki, Greco, & Buckloh, 2003). They may eat foods that are not appropriate for their diabetes because they feel that even when they are eating appropriately their blood sugars are still elevated. Learned helplessness can lead to symptoms of anxiety and depression and those feelings can be detrimental to a child’s development. Nurses teach self-management skills related to diabetes and other chronic illnesses but ultimately it is the patient’s decision as how to live their lives.

When patients are admitted to the hospital it imposes a forfeiture of a person’s sense of personal control over what happens to them (Lawrence-Smith & Sturgeon, 2006). The ensuing numerous medical tests and procedures that are ordered are in the control of the clinician and not the patient. When the tests and procedures are performed is decided by the hospital. The patient may not have been informed of what tests and procedures are going to be performed thus adding to the patient’s helpless feeling when a stranger such as a medical transporter shows up in their hospital room to take them down for the tests. Meal times are scheduled according to the hospital and not the patient preferences. The time until discharge is dictated by the clinician. The patient does not have any control over these proceedings leading the patient to feel helpless and powerless.

**Analysis of the Concept**

Wilson’s classic procedure of concept analysis is a method to guide users in clear thinking and communication. For the purposes of this concept analysis, a modified version of Wilson’s method by Walker and Avant (2011) is used. This method begins with the selection of a concept. Determine the aim of analysis by defining the purpose of the analysis of the concept. How are the results of the analysis intended to be used? Identify all the uses of the concept one can discover through searching the literature. Determine the defining attributes or characteristics that are most frequently associated with the concept. Identify a model case that demonstrates all the defining attributes of the concept. Identify borderline and related cases. Identify antecedents which are the events that must occur before the concept can occur. Identify consequences, the events that occur after the occurrence of the concept. Define empirical referents, the categories of actual phenomena that, by their presence demonstrate the occurrence of the concept.

**Aim of the Analysis**

The aim of this analysis is to examine the phenomenon of learned helplessness using the process of concept analysis as outlined by Walker and Avant (2011)*.* Learned helplessness is when people experience uncontrollable events, such as chronic illness, and they feel like nothing they do will change their prognosis. Persons with chronic illness are often admitted to hospitals and nurses are the ones caring for these patients and their helpless attitudes. Therefore, it is critical for nurses to understand the concept of learned helplessness, its defining attributes, empirical referents, consequences, and model cases so that nursing interventions can be performed to help a patient experiencing learned helplessness.

A concept map is provided in Figure 1 to allow the reader a better understanding of how the antecedents, attributes, consequences, empirical referents and case illustrations relate to the concept of learned helplessness. The concept map of learned helplessness is this author’s visualization of knowledge of the concept of learned helplessness (All & Huycke, 2007).

**Antecedents**

Antecedents are events which must occur prior to the occurrence of the concept. They cannot be the same as critical attributes (Walker & Avant, 2011). The following events occur prior to the occurrence of learned helplessness: exposure to uncomfortable stimuli, the inability to control a situation, a series of failures with a situation and a negative outcome expectancy of a situation (Dunn, 2005; Maier & Watkins, 2005; Conwill, 1993). These antecedents are displayed in patients facing chronic illnesses. They are battling a disease in which they did not choose and are unable to control the progression of the disease. They have a negative outcome expectancy of the disease process feeling as if nothing they do will change their prognosis.

**Attributes**

Defining attributes are characteristics most frequently associated with the concept and attributes help to identify one concept from another (Walker & Avant, 2011). Attributes are viewed very much like the criteria for making a differential diagnoses in medicine. Based on literature review and analysis, the defining attributes of the concept of learned helplessness are: loss of control (Barder, Slimmer, & LeSarge, 1994; Conwill, 1993), powerlessness (Clifford, 1995; Conwill, 1993), giving up (Firmin, Hwang, Copella, & Clark, 2004), apathy (Miller, 1983), and hopelessness (Dunn, 2005). Helplessness is the sense of being overwhelmed by the loss of control over the outside world (Barder, Slimmer, & LeSarge, 1994; Conwill, 1993). Helplessness often falls under the nursing diagnosis of powerlessness (Conwill, 1993). Individuals feel that they are powerless in a given situation. Their outcomes are independent of their actions. Individuals feel powerless to change their situation. When individuals experience learned helplessness, they have a tendency to give up easily on tasks they feel is too difficult (Firmin, Hwang, Copella, & Clark, 2004). When individuals feel that there is nothing they can do to change a situation they become apathetic to the situation (Miller, 1983). Hopelessness refers to the expectation of a negative outcome (Dunn, 2005).

**Consequences**

Consequences are incidents or events existing because a concept occurs (Walker & Avant, 2011). Consequences are the outcomes that result from the concept. The consequences of learned helplessness are: increased vulnerability to depression (Barder, Slimmer, & LeSage, 1994; Conwill, 1993; Dunn, 2005) , poor adjustment to disease in physically ill people (Northouse, Templin, & Mood, 2001), diminished motivation to initiate problem-solving actions (Miller, 1983), lowered self-esteem (Barder, Slimmer, & LeSage 1994; Conwill, 1993), and neglect of health maintenance activities and preventative care (Barder, Slimmer, & LeSage 1994; Conwill, 1993).

**Empirical Referents**

Empirical referents show evidence of the existence of the concept (Walker & Avant, 2011). Empirical referents provide disciplines with observable phenomena by which to measure learned helplessness in an individual. Quinless and McDermott (1988) developed a Learned Helplessness Scale (LHS) designed to help nurses assess a patient’s potential or actual state of helplessness (Conwill, 1993). The tool is a 20 item self-reported instrument to measure learned helplessness in clinical populations. Individual items are scored from 1-4, resulting in a total possible range of 20-80, with higher scores indicative of more severe learned helplessness. The scale had been useful in obtaining data from oncology, hemodialysis, and spinal cord injury patients (Conwill, 1993). A defining attribute of learned helplessness is hopelessness. The Hopelessness Scale (HS) is based on one’s perspective of hopelessness and negative outcome expectation (antecedent of LH) (Benzein, 2005). The tool is a 20 item scale. The score range is 0-20, the higher the score, the higher the degree of hopelessness. This scale has been used in women with breast cancer. Loss of control is another defining attribute of learned helplessness. Loss of control can be measured with the Multidimensional Scale of Perceived Social Support which is 12 questions relating to a perceived support system (Zimet, Dahlem, & Farley, 1988). The noted instruments were found in literature search of learned helplessness and are reliable and valid according to the published professional journals.

**Case Illustrations**

The following case illustrations incorporate clarification in critical thinking (Walker & Avant, 2011). The case illustrations include a model, borderline and related case. These cases were scripted by the author.

**Model Case.**

A model case is an actual or realistic example of a concept demonstrating all of the defining attributes (Walker & Avant, 2011). K.M. is a 33 year old, white, divorced, female, mother of two and employed as a benefits analyst at Blue Cross Blue Shield of Alabama. Her story begins on a Friday at work. She had taken her lunch hour to work out in the company gym. This had become routine for her for the past six months, successfully losing twenty pounds and becoming healthier than she had been in years. After her workout, she walked up four flights of stairs to return to her office. When she arrived at her office she noticed that her legs felt very weak and she was slightly short of breath. She didn’t think much about it, attributing it to doing too much at the gym. Over the course of the weekend she became progressively worse. By Saturday she experienced numbness in her hands. She did not have the strength to take a shower and feared her legs wouldn’t even carry her to the bathroom. By Sunday the symptoms were worse and she was having trouble breathing. Realizing that this was not just a virus, she called her parents. They drove to Birmingham and took her to the emergency room. The emergency room physician was quick to suspect the diagnosis of Guillain-Barre Syndrome (GB). His best friend was recently diagnosed and experienced similar symptoms. A neurologist was consulted and a battery of tests was performed including a spinal tap and a diagnosis of GB was made. She was experiencing loss of control over her body. She was unable to move her arms or legs and soon she was unable to breath for herself. Tears streamed down her face because she felt powerless to do anything. K.M. was admitted to the intensive care unit and remained paralyzed for five days. The quick diagnosis and treatment helped put her in remission but she had a long road of recovery. She was transferred to a rehabilitation facility for therapy. Over the course of two months of therap**y** she had to learn to walk with a walker, feed and dress herself. During the first week of rehab, she is overwhelmed with sadness over the disease process. She doesn’t want to eat and cries all the time. She misses her children and her life. During therapy sessions she gives up easily at tasks that she finds difficult to perform. Other times she doesn’t want to participate, feeling that nothing she does will change the fact that she cannot take care of herself. A week goes by and the staff notices that K.M. is no longer crying, in fact there is a lack of emotion. A counselor starts meeting with her daily and gives K.M. a self-reported instrument called the Learned Helplessness Scale. She scores a 50 which indicates that she is experiencing learned helplessness. The counselor and the medical staff begin to build upon her knowledge of GB. They explain the disease process, what she can expect in her future. After a few sessions she begins to see a glimmer of hope for her future. She realized that recovery would be slow but she would get back to some sense of normalcy. After six months, K.M. returned to work part-time. Her life had begun to feel normal again. Being back at home, taking care of her kids and all the responsibilities that come with being a parent were things she would never again take for granted.

This is a model case of learned helplessness due to the presence of all of the defining attributes such as: loss of control, powerlessness, giving up, apathy and hopelessness. The antecedents described in the model case are: exposure to uncomfortable stimuli, the inability to control the situation and negative outcome expectancy. The consequences were: depression, decreased motivation and poor adjustment to the disease process.

**Borderline Case.**

A borderline case contains some of the defining attributes but not all of them (Walker & Avant, 2011). The following borderline case contains the following defining attributes: loss of control, powerlessness, hopelessness and apathy.

J.B. is a 40 year old white, married father of one. He is employed as an insurance agent. J.B. was diagnosed with type II diabetes ten years ago. His most recent hemoglobin A1C was 7.5, indicating poor control of his blood sugar over the past three months. Since his diagnosis, J.B. has periods of time when he takes control of his health by eating right, exercising and regularly monitoring his blood sugar. During this time he encourages his family to eat healthy and they regularly enjoy evening bike rides. Other times J.B. feels like he is powerless to change his diagnosis and nothing he does will change that. His wife refers to this time as when J.B. “falls off of the wagon”. She relates it to someone battling an addiction with episodes of sobriety and relapses. She feels frustration with the situation but she cannot force her husband to take care of himself. J.B. walks in the yard barefoot and steps on a small tack used for roofing. He has already developed neuropathy and he knows not to ever go without shoes. He does not notice the tack until a few days later when he develops a fever and his foot becomes red and swollen. He goes to the doctor and has to be admitted to the hospital to have the wound debrided and to receive IV antibiotics. During his admission he gets family to bring meals from fast food restaurants that are high in fat. His doctor comes to see him during one of these meals. He questions him regarding his meal choice and J.B. states that he already has diabetes and he is feels that he has no control over what happens to him, just like when he accidently stepped on the nail. He states he is giving up with trying to be healthy and just accepts whatever happens to him. The doctor talks to him about his apathy towards his diagnosis and questions whether he may be experiencing hopelessness and depression. The doctor gives J.B. test called the Hopelessness Scale. J.B. scores a 15 and is thought to feel hopeless and therefore depressed regarding is diabetes. He arranges for a consultation with a diabetic educator to talk about lifestyle modifications and how his choices do influence his disease prognosis.

**Related Case.**

A related case is an example of instances where the concept is similar but does not contain all of the defining attributes. The following is an example of a related case of learned helpless containing the defining attribute of powerlessness.

M. R. is a 53 year old paraplegic married father of three. He works as a computer programmer. M.R. was injured in a diving accident when he was 30 years old. After his accident he was hospitalized for over a month and then sent to a rehabilitation center for intense therapy. Initially he has some anger and depression over the situation but eventually decided that this was all in God’s plan for his life and came to accept his circumstances. He knew he was powerless to change what happened but he was not powerless to control his life and guide his future. He has a handicapped vehicle which he can get himself in and out of as well as drive. His home is modeled to accommodate his needs so he is able to take care of himself. His kids get a kick out of handing him things that are not in his reach. He and his wife have a very loving relationship and describe that there is no lack of intimacy. He is grateful to be alive and would not change his circumstances because he has said that it has made him a better person.

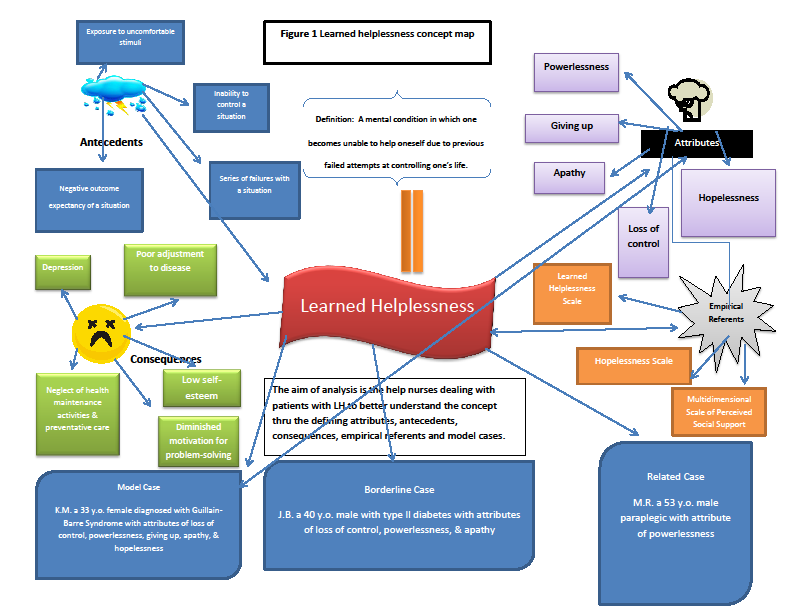
**Implications/Application to Nursing Practice**

The development of learned helplessness results from the inability to influence or control a situation. Patients facing chronic illness or have sustained a debilitating injury are susceptible to learned helplessness. It is important for nurse practitioners to recognize learned helplessness early because it can have detrimental health effects on their patients. Learned helplessness in patients with chronic illness can cause the patient to neglect health maintenance activities, have impaired immune responses and battle depression (McGuiness, 1996). Patients with chronic illness may not be able to control the overall disease progression but management of symptoms and exacerbations is realistic. Patients who feel helpless have difficulty recognizing areas in which they have control. Care is aimed at educating the patient regarding self-management skills related to their disease process and also controlling the aspects of their disease that can be controlled (McGuiness, 1996). A patient’s lack of knowledge regarding the disease process or required medical procedures can contribute to feelings of helplessness. Knowledge is a source of power that may help reduce feelings of helplessness in patients (Clifford, 1985). Nurse practitioners need to allow patients to have input into their care to furthermore increase their decision-making opportunities. Nurse practitioners should encourage questions and actively participate the patient in goal formation, plans of care and schedules (Conwill, 1993). The teaching of problem solving techniques and coping strategies are useful to help the patient separate controllable events from uncontrollable ones (Conwill, 1993).

Research regarding learned helplessness is mainly concentrated in the area of psychology. Nursing research regarding learned helplessness is lacking. Given the association between learned helplessness and negative health indicators there is a need for further research regarding intervention strategies in the discipline of nursing.

**Conclusion**

The intention of this paper has been to clarify the concept of learned helplessness through a concept analysis methodology. Learned helplessness is defined as a condition in which one becomes unable to help oneself due to previous failed attempts at controlling one’s life. Uses of the concept in the discipline of nursing and education were discussed. Antecedents, attributes, consequences and empirical referents were identified. Case examples were given. Implications for nursing practice were acknowledged. This concept analysis will provide nurses with a better understanding of the phenomenon, how to identify it and interventions to treat their patients. Recognizing learned helplessness early can help deter negative health consequences and maintain an optimal health status.

**Figure 1 Learned helplessness concept map** 

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